



IF 3762

Please type a plus sign (+) inside this box [+]

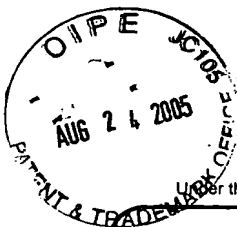
Patent and Trademark Office: U.S. Department of Commerce

0061/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number 10/795,956
		Filing Date March 8, 2004
		First Named Inventor David W. Mortara
		Group Art Unit 3762
		Examiner Name Evanisko, George
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Attorney Docket Number 2395-00033
Total Number of pages in this Submission 2		

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication To Technology Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement/PTO-1449	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> RETURN RECEIPT POSTCARD
<input type="checkbox"/> Response to Missing Parts Under 37.1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Joseph D. Kuborn (Reg. No. 40,689) ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	8/22/05

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the 22nd day of August, 2005.			
Typed or printed name	Jo Ellen Bullock		
Signature		Date	8-22-05



PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/795,956
Filing Date	March 8, 2004
First Named Inventor	David W. Mortara
Art Unit	3762
Examiner Name	Evansiko, George
Attorney Docket Number	2395-00033

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Responsibility being transferred to another law firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	David M. Mortara				
Address	Mortara Instrument, Inc. 7865 N. 86th Street				
City	Milwaukee	State	WI	Zip	53224
Country	U.S.A.				
Telephone				Email	
Signature					
Name	Joseph D. Kuborn			Registration No.	40,689
Date	August 22, 2005			Telephone No.	(414) 271-7590

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.